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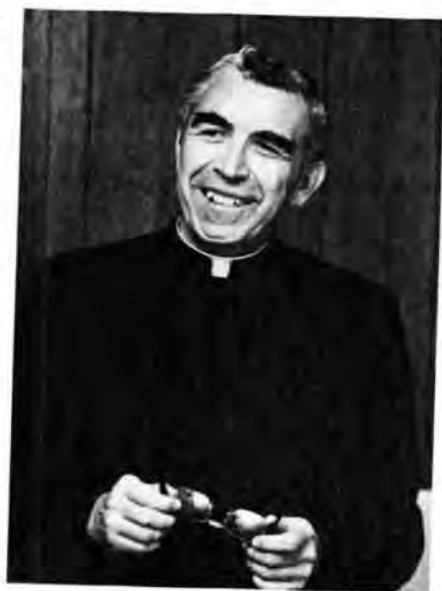
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## Theological Pharmacology: A Study of Drugs and Values

Albert Moraczewski, O.P., Ph.D.

Marx stated that "religion is the opium of the people." Phrased precisely in that way, we have the basis for a new area of investigation: **the pharmacology of religion**. From this perspective, then, religion would be studied as it functions for some individuals as if it were a drug: an anesthetic, a tranquilizer, antidepressant, analgesic and perhaps even as a hallucinogen. However, there is also the reverse concept and that is the **religion of pharmacology** and its close relative the **theology of pharmacology**. As it stands, the latter title

primarily means the application of theology to pharmacology in a fashion analogous to the theology of work or of suffering or of the sacraments. These are purely theological endeavors. What I wish to propose is different. It is a new discipline and could appropriately be called **theological pharmacology** for it is concerned with certain questions that pharmacology raises for theology. This paper, then, describes how this interdisciplinary area is constituted and catalogues the principal value questions arising from the use and abuse of

chemical substances.

Pharmacology itself can be defined as the discipline that studies any chemical substance as it interacts with a living organism or with one of its sub- or supra-systems. The emphasis is placed precisely on the interaction. The range of drug-living systems interactions can be viewed as extending from a compound (such as chlorpromazine) interfering with the electron transport system of a mitochondria to heroin influencing international relations.

In its simplest formulation, theology is a rational discipline proceeding from the data of God's revelation of Himself and drawing out the consequence for man and society. With theology we generally associate certain key words and concepts: God, love, sin, forgiveness, salvation, Church. Hence, if speaking of something as being theological, it perforce follows that these concepts must be present — at least implicitly. To illustrate, we can take drug abuse as an analogue of sin. Please note, that I say analogue. In Biblical times, leprosy was seen as the analogue of sin. Just as leprosy made man an outcast of human society, so too, sin rendered man an outcast of the divine society. The comparison falters because in sin, man freely chooses to cut himself from God, whereas in the case of leprosy, it generally occurs independently of a free choice. Today, drug abuse is a better analogue but with a different nuance. Here the emphasis is on the limitation of freedom resulting from sin and

drug abuse. The more a person sins, the more difficult it is to disengage himself, the less free he is to function at a human level. A true drug abuser appears to be in a similar condition. he is it increasingly difficult to act freely; his "habit" focuses his attention on drugs, narrows the width of his horizons and limits his freedom.

### Interdisciplinary

From the above, it can be seen that theological pharmacology is clearly an interdisciplinary field. To state it concisely: the substantive form "pharmacology" is used because the emphasis is on the study of drugs; the adjective form "theological" is used because the unifying and specifying concern of this discipline is the determination of the manner in which the use of drugs affects man's relationship to his ultimate value, be it God, a cosmic force, man and or something else. Its interdisciplinary nature stands out in the fact that in order to do its task properly it has to draw, on the one hand, upon the methods, findings and insights of pharmacology (and its ancillary disciplines such as biochemistry, physiology, and psychology) and, on the other, upon the methodology and principles of ethics and theology. The crucial point in this enterprise is at the intersection of the several relevant disciplines.

With these concepts of pharmacology and of theology as background, we can ask the next question: Is theological pharmacology a subdivision of pharmacology, such as psychopharmacology,

renal-pharmacology, or biochemical pharmacology? Two of these consider a limited group of drugs that are categorized by their effect on a specific organ or system, e.g., the kidney or the "psyche." The third discusses drugs in terms of their effect on biochemical systems in an attempt to specify and understand the process by which drugs achieve their desired (and undesired) effects. We have also such terms as clinical pharmacology, sometimes called human pharmacology, which distinguishes it from animal pharmacology in that the latter is concerned with the effects of drugs on experimental animals. Another term, medical pharmacology, is used to emphasize a limitation of study to those chemical substances that have some therapeutic value for man.

In terms of the above paragraph, theological pharmacology is a division of pharmacology but does not deal as such with a specific disease, a particular organ system, a specific class of compounds, or even with particular processes. Each of these already has one or more specific names to describe or to delimit the area of pharmacology that is of concern. Then with what does theological pharmacology specifically deal? Theological pharmacology is concerned with all drugs or chemical substances that in some way have an effect on man's relationship to God and to his fellow man. It focuses its attention on the interaction of drugs and values. Phrased in other words, theological pharmacology is concerned with drugs

used by man insofar as they impinge upon his value system. I use the term "values" because the way a man views life, what he "values," what he prizes and considers important, flows from his view of God, be he a believer or an atheist. Note also that the interaction is in both directions. Not only do drugs affect a person's values, but they in turn influence the way in which he uses drugs and can modify their effects on the individual.

### Two Dimensions

Each and every use of drugs involves two dimensions: the noetic and the ethic. That is, the ingestion of a drug will in some way influence man's soma and psyche, it will produce some change in structure or function or mood. Drugs can be designed — if not now, sooner or later — to influence a person's perception, memory, learning, mood and artistic creativity and to produce altered states of consciousness. Theological pharmacology is not concerned with how these alterations are brought about but rather with the objective influence these changes have on man's grasp of, and relationship to his ultimate value, be it God or designated by another name.

Perhaps more evident is the ethical dimension. Each conscious use of a drug bears with it a moral value. It is a "good" or a "bad" act. To administer knowingly a lethal dose of sodium cyanide is bad; to prescribe an antibiotic to help the individual overcome an infection is generally good. In ad-

dition to these obvious examples, there is a whole range of moral issues. What is the morality in the use of drugs to modify perception, mood, memory and learning in one's self or another? Theological pharmacology deals with the many questions arising out of drug dependence in all its varieties. In an extreme form, the abuse of drugs by an individual becomes a way of life. Everything he does is geared to the obtaining and use of drugs. In effect, the drug in question, or the experience a person has in its use, becomes his ultimate value. There is also the non-medical use of drugs which properly would not be classified as drug abuse. This would be the taking of chemical substances with the primary purpose of obtaining some degree of pleasure independently of any nutritional or therapeutic value. I have in mind substances like tea, coffee, nicotine, alcohol and marijuana (considered apart from its legal status). One might say that they serve as a social lubricant. (I'll have more to say about that a little later.) Still another area of concern is the use of human subjects in the development of new drugs. What is the rationale by which a human being can endanger his health or even his life for the benefit of mankind? Pushed to its logical extreme, theological pharmacology is also concerned with the wide variety of chemical substances introduced into the environment by human activity which can affect adversely not just one or a few individuals but a significant segment of the population.

Let us consider several specific examples. First are psychoactive agents in general and psychedelic drugs in particular. **Psychopharmacology** is concerned with all the data available (from its own investigation as well as those from allied disciplines) regarding the effect of these drugs on man's brain in an attempt to relate the effects of these drugs on biochemical and physiological systems to the subjective states that human subjects report. Starting at this point, theological pharmacology would be concerned to determine whether or not the transcendental states that the subject experiences after taking a psychedelic drug can be in any way related to an objective reality. If the subject reports that he has had a contact with the divine or some transcendental being, theological pharmacology would be concerned with how this experience is to be viewed theologically. The experience is real but what is the meaning of that experience? Does it, for example, put him in "touch" with some cosmic Being, or does it instead perhaps lead to a mirage with its eventual attendant frustrations and the danger that the quest for the absolute may be given up?

#### Natural Abilities

Another example from psychopharmacology is the use of drugs to enhance or to actualize a variety of natural abilities. It has been reported, for instance, that persons who were not able previously to appreciate works of art were able to do so when given an LSD trip. The process required that the

subject view some paintings together with an explanation of possible interpretations. Subsequent to the trip, the individual was able to appreciate art work independently of the drug effect. This suggests that his ability to appreciate art had in some way been impeded and that the drug helped to remove that impediment. Here again, theological pharmacology would not be concerned primarily with the biochemical and physiological process by which this artistic creativity was released but rather with the objective reality of that art appreciation and how it affected his system of values.

There are numerous drugs that in one way or another aid a person to function more humanly. These may range from an antibiotic that saves his life and makes the continuance of life possible to a social drug like alcohol that can make life more pleasant (or contrariwise). These not only make it possible to have a value system but also enable him to respond to it more fully. This is especially true of the psychoactive drugs which influence directly or indirectly his mental processes. If an individual is suffering from a depressive episode or if his anxiety level is high, the utilization of an appropriate drug will diminish the influence of his affect level and enable him to respond with greater freedom — and therefore more humanly — to the ongoing situation. Perhaps a more dramatic example is the psychotic individual who responds to one of the major tranquilizers and is pulled out

from the back wards and returned to some degree of functioning in his home community. He is not only able to function as a more useful citizen but, more importantly, is now capable — to some degree at least — to apprehend and respond to a value system. After all, "morals maketh man" (Gerald Vann).

#### Non-medical Use

Another large area of concern is the non-medical use of drugs such as social drinking of alcohol. Similarly, drugs are used for the sake of obtaining some pleasure in order to overcome depression, anxiety or other undesirable internal states. In an atmosphere of the puritanical ethic, the use of a drug for the sake of pleasure alone would be considered immoral. Up to the present, it has been generally accepted that drugs were to be used only under the careful direction of the physician. Currently, there has been an increasing amount of non-medical use of many drugs. I do not refer to what is ordinarily called "drug abuse," for I would define the term as that situation when the person is physically or functionally harmed in such a way that he is not able to carry his daily tasks nor live life in a human way. That is a problem all of its own. What I am referring to here is the use of drugs in such a manner that the person is not prevented from functioning in a socially acceptable way; that is, the person is able to discharge his responsibilities.

It would be hard rationally to maintain that the non-abusive use



of a drug, be it alcohol, marijuana, tobacco, or any other substance promoting social intercourse and conviviality, is ipso facto drug abuse. Yet these chemical crutches have been objected to on many sides. Perhaps we need to make explicit the basis of concern. Theological pharmacology would be concerned in researching this area and making an evaluation as to whether or not in the long run such use enhances a person's ability to live a more fully human life. Indeed, it is not an isolated individual's life that is in question here but that of society. It has been repeatedly pointed out that ours is a "drug culture." As the tensions and anxieties of modern existence increase, there is a greater consumption of drugs by society in an apparent attempt to solve problems by chemical means. The consequence of such a practice on the humanness of life needs to be studied.

Another consideration is that of physicians inappropriately prescribing certain classes of drugs. A fairly high percentage of persons presenting themselves at the doctor's office come not with any clear-cut somatic illness but with a variety of vague symptoms relating to their psychological states. There is a danger here that a physician may prescribe some of the minor tranquilizers, for example, in order to respond in some way to the patient, rather than say that he does not know what to do or that he is not clear in his diagnosis. Some few physicians would rather prescribe such a substance in

order to calm the patient and get him "out of my hair." There is a real danger that the physician prescribing for his patient under these conditions may actually do the patient more harm than good. One of the difficulties, of course, is that we do not know precisely how these drugs are acting about their effects nor are some of the long term effects always clear. It would be highly dangerous to prescribe (as one physician I know did) an LSD trip and then to send the patient home when she was still under the influence of LSD and had to drive a distance of some hundred miles. Would a resulting car accident have been classified as iatrogenic?

### Freedom

A closely related problem is the patient who may be so medicated that he is not able to deal adequately with his problems. This may be a desirable situation for a short term, but if the medication is prolonged unduly, the patient may never really confront himself and his problems. This would deprive him of his freedom. To the degree that internal freedom is chained, to that degree is the person unable to respond humanely to himself, to his neighbor or to his God.

There are times when the drug itself becomes an ultimate value, that is, when it becomes a way of life such that all other activities of the individual are directed to obtaining, using and enjoying a particular drug. This is especially true of the opium compounds as well as of a number of synthetic

analgesics. The cocaine type of drug dependency may also be included. Currently, the problem of drug abuse is of major concern in our society, and often, it is presented as being primarily a medical problem. This is undoubtedly true if "medical" is understood in opposition to "legal." But if it is taken to mean that the medical profession has the primary responsibility for the problem, I seriously question this position as has the World Medical Association at its recent meeting in Canada.

Admitting of multiple dimensions in drug abuse, I believe that a significant dimension has been largely overlooked. And that is of values. What the parents (and society) prize, or value, is communicated to the child largely at a non-verbal level. The youngster formulates his own value system which may involve a partial or total rejection of the parents' values. While he rejects many of the materialistic values of his parents, he not infrequently resorts to a chemical "cop out." A "lasting solution" to drug abuse will require a careful study of the value systems maintained by different segments of the population.

Still another area of concern is the use of human subjects for the development of new drugs. Human experimentation, or better, the use of human subjects in experimental situations, is fraught with

many difficulties. Recently, the federal government required that anyone applying for a grant in which human subjects are used in an experimental mode meet the various restrictions placed on the use of such subjects in regard to their life, health and privacy.

Everything that man uses, every material thing that he employs has some theological dimensions. A drug is especially relevant in this situation because it affects man's inner life. It can bring about profound changes in the way that he is able to function as a human being. Obviously, if a person is under the influence of a general anesthetic or hypnotic or even a sedative, he probably will not be able to function as he normally would. Sometimes this may be a desirable situation and sometimes not. Drugs do affect his inner life, perhaps in many ways yet unknown. They may also affect future generations in that there are possible teratogenic dimensions of drug use. One can also ask, "Has the use of drugs overall helped society in its ultimate attainment of its destiny or does it seem to have made the realization of that destiny more difficult?" Theological pharmacology is in that interdisciplinary area that addresses itself to certain value questions consequent upon man's use of chemical substances to modify himself or his society. Q